

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**
See "Instructions for Service of Process by U.S. Marshal"PLAINTIFF
Kelly PriceCOURT CASE NUMBER
15-cv-05871-KPFDEFENDANT
Simmons et alTYPE OF PROCESS
Service of Summons & Complaint**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

John Staines at Midtown North Precinct

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

306 West 54th Street, New York, NY 10019

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be
served with this Form 285Number of parties to be
served in this caseCheck for service
on U.S.A.PRO SE: Kelly Price
534 W. 187th Street
Apt. # 7
New York, NY 10033SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney or Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

(212)- 805 - 0175

DATE

6/8/17

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

P3

District of
Origin

No. 054

District to
Serve

No. 054

Signature of Authorized USMS Deputy or Clerk

Date

6/12/17

I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

PA H611

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

7/28/17

Time

8:29

☒ am
☐ pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

\$73.00

Total Mileage Charges
including endeavors)

\$7.17

Forwarding Fee

Total Charges

\$80.17

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

\$0.00

REMARKS:

6/12/17 - Set up for mail service

7/24/17 - Set up for p/s

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

15-5871-7 ✓

Form USM-285
Rev. 12/80